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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE.

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REPORTED BY DR. LOUIS STARR.

Hydrothorax Complicating Cardiac Disease.

GENTLEMEN:—You will remember that in the last lecture your attention was called to a case of simple *pleuritic effusion*. Now the next case that will be brought before you is one of long standing heart disease, which has lately been complicated by the addition of *dropsy* of the left pleural sac. Her history is as follows:

CASE II. Mary McG., *æt.* 30 years; was admitted to the Philadelphia Hospital on August 12th, 1874. She has always been temperate in her habits; and has been married for six years, but has never had any children. Her health was good until the age of fifteen, when she began to suffer from palpitation of the heart; this was most marked on exertion, and continued to occur at intervals until last spring, when, being deserted by her husband, she was thrown upon her own resources and obliged to work hard; the increased exertion thus required brought on more persistent palpitation, together with occasional attacks of shortness of breath and faintness. Early in May dropsy was added to the other symptoms; this began in the feet and gradually extended upward, involving the thighs and abdomen.

When admitted she was quite pale and weak, her urine was scanty and high colored, but not albuminous; her legs, from the feet up, were

oedematous, and there was slight ascites; the impulse of the heart was strong and diffused, and the pulse was 100 per minute; there was also some cough with the expectoration of blood-tinged mucus, and at times small quantities of pure blood; physical examination revealed nothing abnormal in connection with the lungs, except that there were numerous mucous râles at the base of the right lung posteriorly. She was ordered five grains of iodide of potassium and ten drops of tincture of digitalis four times daily. Her general condition, however, remained the same until August 30th.

From that time the dyspnoea increased steadily, and at present (September 16) it is so great that she is unable to lie down in bed. Upon directing our attention to her chest, the respiratory movements are found to be confined almost entirely to the right side, and on percussion, flatness and diminished elasticity are observed to extend over the left lung, from base to apex. Over the upper part of this lung also the respiratory murmur is distant and feeble, while over its lower two-thirds there is total abolition of respiratory murmur and vocal fremitus. The left side of the chest is distended, the intercostal spaces prominent, and the heart markedly displaced to the right, as the point of chief cardiac impulse is situated below and to the right of the xiphoid cartilage. In the præcordial region there is a decided projection of the ribs and costal cartilages, and in this position, likewise, indistinct pulsation can be felt. When a stethoscope is placed over the heart a moderately loud, soft systolic murmur is heard at the xiphoid cartilage, and when the instrument is moved upward another murmur, diastolic in time, is audible at

the aortic cartilage; this murmur is transmitted feebly to the right of the sternum, and more strongly downward and to the left, its position of greatest intensity being an inch and a quarter to the left of the sternum. The pulse is frequent and small. She is still very weak and anæmic, and there is considerable œdema of the legs.

Bearing in mind these symptoms and physical signs, there can be no doubt that there is a large accumulation of fluid in the left pleural cavity. This has come on insidiously, without any of the usual signs of pleurisy, and it is associated with disease, both of the aortic and mitral valves. It is difficult to determine in such cases whether the effusion has occurred as a mere passive dropsy, from venous congestion, or whether there has been a latent, subacute pleurisy set up, from some unknown cause. In either case, there is but small chance of securing its absorption, owing to the serious heart disease which is also present. The urgent dyspnœa and disturbance of circulation render it important that immediate relief should be afforded. I will, therefore, as you see, puncture the chest with a small trocar, in the seventh interspace, in the line of the anterior border of the axilla, after having frozen the skin and made a short incision through the derm. The fluid which immediately escapes is unusually dark, and evidently contains a large admixture of blood. It is evident that no vessel has been wounded in the operation, and we must therefore regard the presence of the blood as due to the rupture of capillaries in the pleural membrane, from extreme over-distention.

[The operation was concluded without any difficulty, the fluid withdrawn amounted to forty-two fluid ounces, and remained dark colored to the end. The patient experienced some relief from the operation; but there was no material reduction in the dulness on percussion, so that it was evident that there was still a large amount of fluid in the chest which could not be evacuated. Her dyspnœa soon grew as severe as previously, attended with marked prostration. The urine grew scanty, mild delirium supervened, and continued until death occurred from exhaustion, on September 24th, eight days after the operation.

At the post-mortem examination, which was made fourteen hours after death, rigor mortis was well marked. The wound caused by the insertion of the aspirator needle was covered

by a scab, and when this was removed a drop or two of pus escaped. On opening the thorax, no wound of the intercostal vessels nor any evidence of acute inflammation of the costal pleura at the position of puncture could be detected. The left lung was carnified and forced backward and inward toward the spine, and between the pulmonary and costal pleuræ numerous bands of organized lymph extended, dividing the pleural cavity into sacs of various sizes. These sacs contained in all sixty-seven ounces of clear, light yellow fluid; none of them were as large as that into which the aspirator needle had been passed, and the majority of them held only a few ounces of liquid; there was no reaccumulation in the sac that had been tapped. Both layers of the pleura were thickened, and at a point corresponding to the angle of the scapula, the lung was bound firmly to the chest wall.

Scattered through the substance of the left lung were several patches of apoplectic effusion; these were situated superficially, and caused slight bulgings of the surface; they varied from one-half to one inch in diameter, were wedge-shaped or oval, and presented different appearances on section, some being red in color and quite firm, others pale and partly softened, while in one place the clot had become completely broken down, leaving a small cavity, one-third of an inch in diameter, filled with unhealthy pus. The right lung was large, heavy and congested, but was entirely free from thrombi. The pericardium was healthy, containing only a small quantity of light colored fluid, and the heart was displaced to the right, the apex being directly under the sternum. The heart was greatly enlarged, weighing eighteen ounces, the left ventricle was hypertrophied, and the left auricle much dilated, and its walls somewhat hypertrophied; two of the leaflets of the aortic valve were fused and partly reversed; the mitral orifice was much contracted, scarcely admitting the extremity of the little finger, and the auricular surface of the leaflets was covered with thick fibrinous vegetations; the endocardium lining the left auricle was thickened, and patches of atheroma were found in the thoracic aorta; the right ventricle was moderately hypertrophied, and the right auricle was dilated, though the pulmonary and tricuspid valves were healthy. The right and left cavities of the heart contained both old and recent clots, and the muscular tissue was soft and fatty. The kidneys were contracted and granular, the cortex

being reduced almost one-half in thickness. The liver and spleen were much congested.]

Remarks (September 30th). In considering the very interesting results of this post-mortem examination, I would ask your attention to the extreme contraction of the mitral valve, one of the less common forms of valvular lesion, and the one which is most frequently associated with pulmonary apoplexy, as was the case in our patient.

In the second place, it is interesting to determine the cause of the pleurisy with extensive effusion. The latent manner in which this effusion came on suggested the erroneous idea that it was not due to pleurisy, but was merely a form of passive, internal dropsy, connected with the obstructive disease of the heart. She had been exposed to none of the usual causes of pleurisy, and the case presented none of the usual symptoms of an acute attack of this affection. I am inclined, therefore, to think that it arose, as we frequently meet with it, in connection with the organic disease of the kidneys.

The peculiar sacculated arrangement of the exudation is also worthy of note. This variety is not very common. In cases where a collection of fluid of moderate quantity is encysted in a sac formed of false membrane in a pleural cavity, it is often possible to detect its peculiar arrangement by observing, that as the fluid is not free to move, the line of percussion dulness does not vary in changing the position of the patient's body. But when, as in the present case, the pleural sac is completely distended with effusion, it is impossible to determine whether the fluid is contained in numerous sacs or is free in the general cavity of the pleura. In the former event the operation of paracentesis can only afford partial relief by emptying one or two of the sacs, and it was in this way that the operation in the present case was not productive of more complete relief. It illustrates well the great diagnostic value of puncturing the chest in cases of pleural effusion; and also the fact, that even when, owing to unusual arrangement of the effusion, its complete evacuation is impossible, this operation, when properly performed, is productive of no injury whatever.

—Two physicians of Boston were tried last week, before the Massachusetts Medical Society, for practicing homœopathy. Ten members of the Society have been expelled for this cause.

COMMUNICATIONS.

THE CHEAP ALKALOIDS OF CINCHONA.

Contributed to the Meigs & Mason Academy of Medicine, of Ohio, and requested to be published in the *MEDICAL AND SURGICAL REPORTER*.

BY CHARLES K. MILLS, M. D.,
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It has frequently been asserted that the cheap preparations of cinchona have little or no value; that they are simply waste material worked up to sell. It seems to me that it is a matter of no importance whether or not these substances are made from the refuse of other processes. It is sufficient for practitioners of medicine to know that they have been distinctly isolated, and have stood the test of experiment.

These preparations are cinchonia or cinchonine, quinidia or quinidine, cinchonidia or cinchonidine; the sulphates of these alkaloids respectively, and chinoidine or quinoidine.

Cinchonia was discovered by Pelletier and Caventon, in 1820; quinidia, by Henry and Delondre, in 1833; cinchonidia, by Winckler, in 1845.

These alkaloids can be distinguished from each other, and from quinia, by various physical and chemical tests, of which I will mention a few.

The phenomena of circular polarization afford one of the best means of discrimination. Certain substances have the property of rotating the plane of vibration in a ray of polarized light. When this rotation follows the direction of the moving hands of a watch, the medium is said to have a right-handed polarization; when it takes the opposite course, it has a left-handed polarization. Works on physics contain descriptions of the instruments and processes employed in this method of analysis. Arago discovered this property of circular or rotary polarization in rock-crystal; and Biot and others have observed the same power in many organic solutions.

Quinia and cinchonidia possess the property of left-handed rotatory polarization; while the polarization of cinchonia and quinidia is right-handed. Cinchonia crystallizes better than quinia; and the latter is more soluble in water than the former. Quinidia is isomeric with quinia. It is somewhat less bitter than the chief alkaloid. Cinchonidia is isomeric with

cinchonina, bearing the same relation to it that quinia does to quina. When the sulphate of quina is treated first with a solution of chlorine, and afterwards with ammonia, it gives a beautiful emerald-green color. The sulphate of quinia affords a similar reaction, except in concentrated solutions, in which a precipitate is formed, which is not the case with quinine (Herapath). If sulphate of cinchonina be treated in the same way, a white precipitate will be thrown down. With an aqueous solution of sulphate of cinchonidia, ammonia and caustic alkalis, and their carbonates and bicarbonates, cause white precipitates (Leer, Winckler).

Chinoidine or quinoidine is a brown resinous mass, which is obtained in the manufacture of quinine and cinchonine; some of that which occurs in commerce is simply the residue left after evaporating the mother-liquors of the sulphate of quina. It is sometimes called amorphous quina. It is said to bear the same relation to ordinary quinine that uncrystalline does to crystalline sugar. Sertürner (1829) is regarded as the discoverer of this substance. He first announced its basic nature, and distinguished it from quina and cinchonina as a peculiar uncrystallizable base. Some authorities speak of two kinds of chinoidine; one containing quinia, with smaller quantities of quina, cinchonina, and resin; and the other consisting chiefly of uncrystallizable transformation products of the cinchona bases.

With the sulphate of cinchonidia, and chinoidine, I have recently had considerable experience. During the months of May and June of the present year (1874) I used both preparations largely at the medical dispensary of the Episcopal Hospital. I have also employed the sulphate of cinchonidia in private practice, and chinoidine at St. Mary's Hospital. The preparations were obtained from Powers & Weightman. I have a record of forty-eight cases treated with the sulphate of cinchonidia, and of forty-five in which chinoidine was prescribed. Of these ninety-three cases, three-fourths were heard from at least once, and many reported during periods of from one to three weeks. In almost every case speedy benefit was derived. In nearly all the malarial cases, the chills were arrested after from twelve to twenty grains of either the cinchonidia salt or the chinoidine had been administered.

The sulphate of cinchonidia was generally given dissolved in water by the addition of a

few drops of aromatic sulphuric acid. At first, sixteen grains were ordered daily, with directions to gradually decrease the amount after a few days. Four grains were usually given at one dose. Chinoidine was usually administered in a liquid preparation, and in most cases in the same amount as the sulphate of cinchonidia; namely, at first, sixteen grains daily, diminishing the quantity gradually. Whenever possible, sixteen grains were ordered to be taken before the time of the next expected paroxysm. The cases given will afford a proper understanding of the method of using the remedies. Both preparations may, of course, be administered in pill form. I have sometimes employed "compressed pills" of sulphate of cinchonidia in private practice.

In regard to the cases seen at the dispensaries, it is well known that many difficulties are met with when trying to get at the results of treatment, chiefly from the fact that patients will often fail to return and report. By strong urging, however, by holding out various inducements, and by even sometimes visiting the patients at their homes, I succeeded in obtaining satisfactory results. In cases amenable to cure, the non-return of a patient to whom medicine has been given at a dispensary, may be taken as *prima facie* proof of the efficacy of the treatment ordered; but, as will be seen, I have not depended on such negative evidence.

I append, in slight detail, a few of the many cases of which I have notes. For the sake of brevity, I have confined myself to the facts necessary to show the effects of treatment with the remedies under consideration.

Sulphate of Cinchonidia.

CASE 1. Tertian.—C. M., æt. 25; mud digger on Petty's Island, in the Delaware river, came for treatment May 4th. Had malarial fever twice before within a year, which had been broken by chinoidine prescribed at the hospital. Had been suffering with chills of the tertian type, off and on, for two months. Had a violent chill the day before coming under observation. Was ordered sulphate of cinchonidia, sixteen grains daily, which was reduced to twelve grains at the end of one week, and to eight grains at the expiration of two weeks. During three weeks, for which time he remained under notice, the chills did not return. A large number of patients from the same locality as this man have been successfully treated at the Dispensary service of the Episcopal Hospital,

some with chinoidine, and others with the sulphate of cinchonidia.

CASE 2. Tertian.—J. R., *æt* 22; weaver; living near brick-ponds; came for treatment May 8th. About one year before had intermittent fever for a few days. Stated that on May 4th he had headache, slight chill, and fever; on the 6th had a severe paroxysm towards night. Was ordered sulphate of cinchonidia, sixteen grains, to be taken before evening, and the same amount daily for three days, when it was decreased to eight grains daily. Up to May 15th, when he ceased to report, he had no return of chills.

CASE 3. Tertian.—M. A., *æt* 38; operative; was under observation for two weeks, from May 12th to the 26th; had been subject to tertian intermittent for two years. Had a severe chill on the day he applied for treatment. Took sulphate of cinchonidia, sixteen grains, for two days, twelve grains for five, and eight grains for the remainder of the time. Had a slight chill on the second day after beginning the medicine, and a "creep" two days later, but no subsequent trouble.

CASE 4. Quotidian.—J. P. W., *æt* 29; carpenter; was first seen May 18th. Two days before had a chill in the evening, and another the next day. Was placed on the sulphate of cinchonidia, sixteen grains, daily, until the 22d; twelve grains from the 22d to the 25th; and eight grains thereafter. Had no recurrence of chills. Ten days under observation.

CASE 5. Tertian.—J. H., *æt* 11; lived in a damp house near the Delaware, and came under observation May 21st. Ten days before had first chill, and one every other day since, the paroxysms getting worse each time. Headache every day. Was quite well before this attack. Was given sulphate of cinchonidia, eight grains, daily. Had a moderate chill on the second day and another severe one two days later. Said that he took his medicine regularly. Increased the daily quantity to twelve grains, which was continued for three days, and then diminished to eight grains. Had no chill from May 25th to June 4th.

CASE 6. Tertian.—L. K., *æt* 24; had intermittent fever seven months before he was first under observation. Was cured in four weeks. Was again taken with chills four days before coming to the Hospital, May 29th. Was given sulphate of cinchonidia sixteen grains for four days, and then twelve grains. Had slight

fever on the day he began with the medicine, and headache at two subsequent periods; but escaped all symptoms from this time until ten days later, when last seen.

CASE 7. Quotidian.—M. C., *æt* 4; had fever every evening for five days before she was brought to the Hospital. Lived in a malarial district. Was ordered sulphate of cinchonidia, four grains daily. Was under observation from June 3d to June 9th, during which time she took the cinchonidia salt, and had no fever.

CASE 8. Tertian.—K. M., *æt* 20; came to the clinic June 10th. About ten months before had intermittent fever, which was treated successfully at the Hospital. Three weeks before the 10th the chills had returned. Had an attack nearly every other day since. Was ordered sulphate of cinchonidia, sixteen grains daily for four days, and then twelve grains. Had no recurrence of chills to June 18th, after which he did not report.

CASE 9. Quotidian.—T. D., *æt* 62; laborer; applied for treatment June 15th. Had malarial fever during the fall of the previous year. For two weeks before coming to the clinic had chill and fever of varying intensity every day. Had a severe chill while at the Hospital. Took sulphate of cinchonidia, sixteen grains daily, for a week, after which he was not seen. Had slight chill on the 16th, and none after, during the week.

CASE 10. Quotidian.—C. M., *æt* 22; single; had been sick for twelve days before coming for treatment, June 25th. Had a severe chill every afternoon for three days before the 25th. Was ordered sulphate of cinchonidia, sixteen grains daily, which he took until the 30th, when last seen, and up to which time he had no return of chills.

Besides cases of malaria, like those just enumerated, I have also used the sulphate of cinchonidia successfully in bad cases of periodical headache. In diarrhoea dependent upon general relaxation of the system, the same alkaloid has proved one of the most valuable of remedies in my hands.

Chinoidine.

CASE 1. Quotidian.—P. M., *æt* 45; laborer; came under observation May 4th. Had chills two days in succession before applying for treatment. The attacks would commence early in the evening, the fever lasting nearly all night. Was ordered chinoidine, sixteen grains daily. Took ten grains before the time for

chill the first day. Reported for one week, during which time he had no return of malarial symptoms.

CASE 2. Quotidian.—J. H., *æt.* 40; machinist; came under observation May 8th. About one year before this date had chills and fever. The present attack began six weeks before he was first seen by me; and he had been ordered chinoidine, which he took pretty regularly for about a month, but had not had any for two weeks. On the 7th had a dumb chill followed by fever. Had dull pain in the head. At first was ordered sulphate of cinchonidia, sixteen grains daily; but of this he only took three or four doses, because of some whim, or misunderstanding, and stayed away from the clinic for several days. On the 10th had a violent chill, which was succeeded by a fever which continued for more than a day. Had headache, noises in the head, and pain in the back and limbs. Was placed upon chinoidine, sixteen grains daily, with directions to reduce the amount to twelve grains at the end of a week. Was last heard from May 25th, up to which date he had no recurrence of attacks.

CASE 3. Tertian.—M. V. E., *æt.* 5; had chills and fever the year previous to coming for treatment, May 15th. Got better in two months. For a couple of weeks before the 15th, had chill and fever every other day, with one or two exceptions. Had no appetite, and complained of pain in head, back, and limbs. Was placed upon chinoidine, four grains daily. Reported through mother, to the 22d. Very slight chill and fever on the 20th, but on no other day.

CASE 4. Tertian.—C. M., *æt.* 36; married, and lived on a newly opened street. Had chills sixteen years ago, but never since, until the Autumn of 1873. She then came to the Episcopal Hospital, and was cured, according to her own statements, in two weeks. On referring back in the record-book, found that she had been ordered chinoidine. She came again for treatment, Saturday, May 30th, 1874. Had chill on Monday, Wednesday, and Friday previous to coming under notice; the last paroxysm was very severe. Was ordered chinoidine, sixteen grains daily. No chill from 30th of May to June 5th; but some headache and pain in limbs occasionally.

CASE 5. Tertian.—P. H., *æt.* 25; single; laborer; applied for treatment, June 5th. Stated that two years ago he had moved to Indiana,

and that one year since he first began to have chills. Had attacks now and then ever since, sometimes of the quotidian and sometimes of the tertian type. Said that he had taken considerable quinine, which always broke up the disease for a time. Had moved to Philadelphia three weeks before coming under observation; and three days after his arrival in the city was seized with the chills. He had taken some pills of quinine (but did not know how much), which had stopped the chills for a couple of periods, but they had returned. Was given chinoidine, sixteen grains, daily. This patient reported, June 12th, that he had taken his medicine regularly, that he had had no chills since beginning with it, and that he "felt first-rate." Did not hear from him after the 12th; but had ordered him to continue the chinoidine in decreasing amounts.

CASE 6. Quotidian.—J. M., *æt.* 31; laborer; applied for treatment June 15th. Began to have chills two weeks before, which were of the quotidian type, and sometimes "dumb." Had much headache, and was sore in his limbs. Was ordered chinoidine, sixteen grains daily, for four days, then to be decreased to twelve grains. From the 15th to the 23d had no chill, and felt well at the last date.

CASE 7. Tertian.—H. V., *æt.* 31; was under observation ten days from June 17th. Had chills the previous years, for which he had been treated successfully at the hospital with chinoidine. Was attacked again with tertian intermittent one week before applying for treatment. Was ordered chinoidine, sixteen grains daily. Had three chills after commencing with the medicine, one very light; had none during the last five days under notice.

My friend, Dr. A. K. Minich, informs me that during his term of service at the Episcopal Hospital he has prescribed chinoidine in three hundred and forty-four cases of malarial disease. In every case which reported, benefit was derived; and in many instances markedly satisfactory results were obtained.

During my connection with the Northern Dispensary of Philadelphia, which lasted for more than three years, I constantly employed the sulphate of cinchonina, both as a tonic and antiperiodic, prescribing it in at least fifty cases. I generally gave the cinchonina salt in about one-third larger amount, or in double the quantity of quinine, as used in private practice, and with uniformly satisfactory results.

With the sulphate of quinia I have had no personal experience. I learn from *Pereira's Materia Medica and Therapeutics*, that Bauduin and Peacock consider it equally efficacious with the sulphate of quinia, and more desirable, because it does not give rise to the disagreeable nervous effects sometimes observed when the sulphate of quinia is administered in large doses. I am credibly informed that immense quantities of the sulphate of quinia are used in the West and Southwest.

Probably physics and physiology will have to come to the assistance of therapeutics before the exact value of each of the alkaloids of cinchona can be determined; but I offer the brief notes contained in the present article in the hope that they will help to settle the question whether or not these cheap drugs have positive therapeutic powers.

The following is a list of the prices at about which the preparations enumerated can be purchased from wholesale druggists:

Quinia	\$4.25 per ounce.
Sulphate of quinia	2.60 "
Quinidia	2.50 "
Sulphate of quinidia	1.65 "
Cinchonidia	95 "
Sulphate of cinchonidia	80 "
Cinchonia	35 "
Sulphate of cinchonina	30 "
Chinoidine	16 "

It will not need a "great arithmetician" to decide, after glancing at these figures, upon the advisability, from the stand-point of economy, of employing, in preference to quinia, the cheap alkaloids and chinoidine, if these substances possess the therapeutic virtues which their advocates claim, and which it has been the chief object of the present article to set forth.

REMARKS ON THE ANATOMY OF THE PENIS.

Translated for the MEDICAL AND SURGICAL REPORTER, from Hyrtl's *Handbuch der Topographischen Anatomie*, vol. II, p. 61.

BY DR. J. C. M'NECHAN,
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The penis* is an erectile cylindrical organ, suspended from the anterior surface of the

*The word *penis* signifies, originally, the tail of an animal; *Caudam animalium pilosam, antiqui penem, vocabant, ex quo propter similitudinem penicillius, &c. and in Nevius; Cauda porcina in omnia penita vocatur.* The word *penis* was also used as a nickname, as we read in Suetonius that Augustus, when in a good humor, was accustomed to call Horace, *purissimum penem et homunculonem lepidissimum.*

symphysis pubis, and consists of two erectile bodies, which, in their origin, are separated, but which later join one another, and on its under surface receives the urethra, which is likewise surrounded by an erectile body. The relation of these three erectile bodies can be imitated with the fingers, if one presses his thumb upon the under surface of the index and ring fingers placed alongside one another. In the condition of erection the penis assumes the necessary length and stiffness for its mechanical introduction into the vagina, and is in this condition the exclusive mediator of sexual union.

One distinguishes in the penis, 1, the root, which extends from the *symphysis pubis* down to the ascending rami of the ischium, and becomes covered by the affixing of the scrotum, but through this or upon its being drawn up toward the abdominal wall, can be very plainly felt; 2, the body, which hangs down free and movable upon the anterior surface of the scrotum; 3, the glans, whose puffed up border (the crown), is separated from the body of the penis by a two lines deep constriction (the neck).

In length and volume the penis is subject to many individual and national differences. In very large men it is often very small, in small men and Onanists very long, and besides, in the latter, of a club form, with the glans enlarged (*pénis en masse*). Tardieu* found the penis very small, as a rule, in Sodomites, and at the glans running to a point, like the penis of certain kinds of dogs. Exceptionally, largeness of the penis occurs in such men, and it exhibits in the condition of erection a perceptible torsion, owing to its having been twisted upon introduction into the anus. Surprising length and size of the penis occurs in Cretans. The largest penis was possessed by Peter Perrod, a blacksmith in Cresciat, Switzerland; it had the thickness of a new-born child. Clodius, who committed a rape on Cæsar's wife, Pompeia, in the temple of the goddess Bona, enjoyed the possession of the longest penis, about which the words of Martial's obscene muse are very fitting.

"Mentula tam magna est, tantus tibi,
Pipille, nasus,
Ut possis, quoties arrigis, olfacere."

In our own jail (at Vienna), occurred a very original case. An unwilling female occupant got in the family way, by a culprit, although

* *Annales d'hygiène et de méd. légale*, 1853, Jany.

men and women were kept strictly separated. The connection took place through a thick iron trellis. Against like over-steppings of the abstinence rule and of the jail ordinances, it was found necessary to erect a double trellis, with an interstition of six inches. About the length of the mischievous penis I could discover nothing, as the individual had already left when I received intelligence of the case.

Smallness of the penis is a usual accompaniment of hypo, and anaspadia, and of hermaphroditic formations of the external genitals.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D.

REPORTED BY DE FOREST WILLARD, M. D.

Hare-Lip—Cleft Palate.

This little babe, only eleven days old, has been brought to our hospital with a congenital defect of the upper lip, which you will recognize as harelip. Not only is the lip divided, but as you look into the mouth you will see that the same cleft extends backward through the entire hard and soft palates, and you can, without difficulty, examine the nasal fossae and turbinate bones, as they lie fully exposed.

The break is wide, and there is an entire absence of the left intermaxillary. The cleft is at one side of the median line, as is almost invariably the case in this defect, which, as you know, is one of the most common of congenital deficiencies. When as extensive as in this case, it constitutes a most serious difficulty, since sucking becomes impossible, and deglutition even difficult. Now this child may seem of too tender an age to endure any operation, but in these wide clefts it is so important to secure a narrowing of the fissure, that I shall proceed at once to close the lip, in order that a constant pressure may be exerted upon the bones, which in time will almost, if not quite, bring the edges together. It will also be of use in the feeding of the child, and I do not hesitate on account of the age, since some of the best results which I have ever attained have been in infants but one week old. No anæsthetic will be used, and all loss of blood will be controlled by compression of the facial arteries as they pass over the base of the inferior maxillary.

In making the parings from the edges to be freshened, every effort should be made to remedy the defect which is so common as a result of this operation, namely, the depression upon the border of the lip, which takes place subsequently, from contraction. Various sections are proposed, which you will find fully described in

all the text books, but the one which I prefer, is to transfix the lip at the apex of the cleft, shave downward and outward until the junction of skin and mucous membrane is reached, then turn slightly inward, making an obtuse angle, with the first portion of the incision, (in other words, a V-shaped incision, with the apex of the V looking toward the cheek,) and then cut toward the margin until the flap hangs by only a slight attachment at the very border. Freshening the other side in the same way, we then have two pendant flaps, which, instead of being sacrificed, may be put to use, as you will presently see. Introducing the first pin at the apex of the inclined V-incision of which I have spoken, I pass it across the break to a corresponding point on the opposite side, and as I draw the sides together you will notice that the free border of the lip is protruded. A second pin is passed higher up, and as I now twist about them a silk ligature, you see that the wide cleft is closed without any undue tension. But what of the parings; they are hanging as loose masses. I pass through them a silk suture, draw them snugly into the gap, and though they are now very redundant, yet when absorption has taken place I am sure that there will be no excess, and even if there were, it could easily be remedied, a year hence, by the scissors, and a normal contour secured much more easily than if a deep notch existed. The pins have transfixed the coronary arteries, and all bleeding has ceased. I cut off the points, protect and support the parts with adhesive strips, and apply no dressing, our object being to secure union by first intention. On the third or fourth day the pins may be carefully rotated and removed, the sutures being left adherent for another day. The greatest care should be taken not to disturb the delicate granulations.

(The edges united fully, and in three weeks the cleft in the palate had already very perceptibly diminished. D_r F. W.)

Tuberculous and Syphilitic Sarcocela.

GENTLEMEN:—The man before you has a disease of the testicles, which has been giving him annoyance and pain for nearly nine years. The attack commenced without a previous gonorrhœa, injury, or any other known cause, a fact which would tend to favor Salleron's view, *i. e.* that these are seldom productive causes of the disease under consideration. Its course has not at any time been accompanied by acute inflammatory symptoms, but has been slow, creeping, insidious. At times there have been exacerbations when a point would inflame, redden, and finally open with the discharge of a thin offensive pus. The left testicle was first affected, the right following in the course of about two years. The former is now slightly larger than normal, the latter smaller; both are nodulated, slightly hardened, and at one or two points are discharging a small amount of yellowish, unhealthy pus. Over their surfaces are several cicatrices which are almost diagnostic in their character, and which I desire you

to observe closely. You will notice that in the healing process, these orifices of previous sinuses have contracted to such extent as to be depressed and cup-shaped, while the skin and adjacent connective tissues have become firmly adherent to the testis. The patient states that the first perceptible hardening was above and behind the testicle itself, showing that the epididymis was primarily affected.

With these almost typical symptoms one could scarcely fail to diagnose this disease as tuberculous, especially when it is noted that the man has had a synovitis of the knee-joint, from a trivial injury, and that it resulted in partial anchylosis, while his cervical glands are also enlarged. If this were a simple chronic orchitis, the testis would be smooth, hard and heavy, with the cord thickened and painful, while the tunica vaginalis would contain a greater or less amount of fluid. If it were a cystic sarcocele, there would be greater enlargement of the organ, and various fluctuating points could be discovered upon the surface, while the serous accumulation in the sack would be considerable. Malignant disease is thrown out of the question by the length of time, non-enlargement of glands, absence of pain, etc. If it were syphilitic in its origin, the patient would present some other evidence of the ravages of the disease, since syphilitic sarcocele is ordinarily a tertiary symptom, and I fortunately have this morning a clinical case which will, by comparison, admirably illustrate this affection.

The patient is a man, thirty-five years of age, who contracted syphilis in 1864, and who has since passed through the various secondary and tertiary manifestations, which we need not here stop to discuss. Enough to say, that for two years his right testicle has been increasing in size and density, although it has given but little pain. It is not only exceedingly heavy and hard, but is also somewhat irregular in its outline. Just above the enlarged testicle is a soft, elastic protuberance, which, although I have not tested it with transmitted light, yet I have no hesitation in pronouncing a small hydrocele, a condition which is common with this disease, rare in tuberculous.

The man informs us that this growth commenced in the lower portion of the testis, and that the upper portion or epididymis became implicated at a more recent date, which is just the reverse of the first case. There are no abscesses or sinuses connected with this case, yet they sometimes occur in connection with this disease, and at a later period it may be impossible to prevent the degeneration and breaking down of the exuded plastic material which is now, evidently, so abundantly interspersed throughout the inter-tubular substance of this gland, and by its pressure obliterating and destroying its secreting function.

In regard to this loss of procreative power, it is important for you to remember that absorption may occur, even after several years, and the function be restored; consequently, unless the pain is great, and one testicle remains per-

fectly normal, castration should be avoided. When the hardening in one testis is great, but few spermatozooids can be discovered, even a comparatively healthy organ refusing, according to Liégeois, to take up the action of the other.

At a later stage of the disease this testicle may become smooth and atrophied, without suppuration. The cord is rarely invaded, the epididymis occasionally, but always secondarily to the organ.

I place my hand upon the inguinal region, and find that the glands are enlarged; in the first case they are not.

To sum up the diagnostic differences between these two affections, we may state first, that the constitutional appearances and general history of each case are to be considered. In the syphilitic testicle other tertiary developments will especially be noted. In the former the testicle is, from the first, hard and heavy, somewhat nodulated; at a later period becomes smooth; rarely suppurates, more often atrophies; is frequently accompanied by hydrocele, and the testis itself is first affected. In the latter, the course is exceedingly slow; the organ is knotty from the commencement; the epididymis is first invaded; hydrocele is rare; suppuration and adhesion of skin are the rule; hernia testis is more common, and there is usually a coexisting disease in the vesiculae seminales and prostate.

A further element in diagnosis may be established by treatment, and I feel quite satisfied that this man will improve under daily inunctions of the scrotum with ung. hydrarg., until his gums are slightly touched, while at the same time, ten grains of iodide of potash are administered three times a day.

Hamilton, of Dublin, has described a tubercular syphilitic testicle which very closely resembles the disease under consideration, but in these tumors of the testis we have sometimes to rely upon the history of the case for a definite decision. The organ designated by Hamilton, however, is much larger than these before us, and it is a disease which usually occurs as one of the advanced symptoms of a severe tertiary type.

But to return to the first case before us. If this were a sarcoma, it would not have been so slow in its growth, its bulk would have been greater, its composition more dense and heavy. The term "sarcoma of the testicle," however, is used by surgeons in a much broader significance than would be allowed by the strict pathologist, since the former apply the term to almost any firm tumor which is not syphilitic, inflammatory, or carcinomatous in its nature, while the latter would limit it to those histioid tumors in whose connective tissue are found the typical round, spindle, or alveolar infiltrations which mark this form of heterogeneous growths. In fact, the term sarcoma itself, in its application to tumors of any portion of the body, is somewhat vague and indefinite, and I know that students are frequently perplexed to under-

stand the application of the term. Its derivation from *σάρξ* flesh, expresses nothing, for many of these growths are totally unlike flesh in their appearance, unless we lessen its application only to the appearance of granulation tissue.

Billroth gives us the best definition which I have yet seen, when he says that "a sarcoma is a tumor consisting of tissue belonging to the developmental series of connective tissue substances (connective tissue, cartilage, bone), muscles, and nerves, which, as a rule, does not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms."

Rindfleisch describes these growths as containing the various elements which are found in the several stages of inflammatory neoplasia *i. e.*, the round-celled formative tissue of granulations, the spindle-cell tissue, and the compact fibrous tissue of cicatrices. The predominating one of these elements determines its denomination—"a potiori fit denominatio."

But it may be asked if these points are of any use in the practical diagnosis of sarcoma. Certainly they are; for although we cannot always state with precision as to the exact nature of a growth of this kind, yet a knowledge of tissues in which sarcomata are most frequently found, together with their mode of growth, their following as a sequence of local injuries, etc., will often aid greatly in establishing our diagnosis. You will all doubtless recall the clinical characteristics presented by the large (1½ lbs.) and beautiful illustration of this disease in the testicle which was removed last week, in this amphitheatre, by Prof. Neill.

If you will pardon my digression into this pathological by-path upon our diagnostic way, I will only further state, that the first point of deposition of tuberculous matter is interstitial, and that the tubules are encroached upon secondarily. If we accept the views of Langhans, Klebs, Ludwig, Tomsa, and others, this would be just the position at which we might expect such a deposit, since the system of lymph-spaces is here most thoroughly developed, and it is quite probable that this new formation is derived from a proliferation of the endothelia of these lymph vessels. Rindfleisch asserts that true miliary tubercles are not found in this position, but Laennec speaks of them as existing here, and Virchow also says that the granular or knotty tubercles occupy this position; *i. e.*, the intertubular connective tissue.

Some authors speak of a scrofulous disease of the testicle as differing from the tuberculous, but although the former commences in the lining membrane of the tubules, yet they are essentially the same disease, and run similar courses (Vide Demme, *Virchow's Archiv*. Vol. xxii, p. 115. Hulke, *Medical Times and Gazette*, Vol. xxx, p. 280. D&F. W). The diseased spots undergo cheesy degeneration, soften, run together, form abscesses, burrow to the skin, open and leave obstinately discharging fistules. The epididymis is first attacked; it becomes a hard mass, finally, perhaps, advances to suppu-

ration; the vas deferens is choked and swollen; the body of the testis is similarly invaded, and numerous abscesses result, through the opening of one of which some remaining tubules may protrude, forming a "hernia testis."

The progress of the disease is usually continuous and unswerving, still there is great cause for belief that recovery may occur in mild cases, without more than a partial loss of the secreting structure. Knowing, also, that these tuberculous masses may become quiet or undergo cheesy or calcareous degeneration, we should be very loth to sacrifice a testicle as long as there is the slightest hope of saving it, since its function sometimes remains even after almost entire destruction of the tubules. The prognosis may be modified by the coexistence of tubercles in lungs, prostate, vesiculae seminales, etc.

The great frequency of this malady about the age of puberty, may be fairly attributable to the functional activity of those organs at that particular period, the seeds of the disease having previously existed.

In regard to treatment, I think that we can offer this man every encouragement of ultimate cure, since the progress has been extremely slow, and there seems to be an effort upon the part of nature to close these sinuses. In regard to the condition of his generative function we cannot speak so positively, yet it is quite possible that sufficient tubules will remain to furnish spermatozoa enough for procreation.

Hygienically we shall direct him to follow an easy, outdoor life, with all the fresh air and good food which he can obtain, together with the liberal external application of cold water. Stimulants are not indicated, unless extreme debility exists and the drain of pus is large. Iron, quinine, and cod liver oil will greatly improve his condition. Of the former I shall order that ten drops of the syrup of the iodide be given with two grains of the alkaloid, three times daily, while the oil will be commenced in drachm doses, and increased until an ounce and a half is taken daily. I shall also direct that the sinuses be injected each day with tinct. iodine (dilute), and in the event of formation of any new abscesses shall have them freely opened at once. It has been advised to lay open the sinuses and cauterize, but I do not deem it advisable, at least while the active stages of the disease are progressing. The suspension of the scrotum should never be neglected, as it removes a great source of irritation.

In this man's case we would not entertain the idea of removal of the organs, and I am always loth to do it in any of these tuberculous testicles, unless the great drain is reducing the patient's strength, or preventing him from enjoying exercise. In such a case, after the failure of remedies, it becomes allowable, and is frequently beneficial.

It has been argued by surgeons that it would be improper to remove a testis when serious tuberculous or scrofulous disease existed in other portions of the body, lest death be hastened.

For my own part, however, I should never let this deter me, when I found that the drain had become exhausting upon the patient, and his health was in condition to justify any operation of this magnitude. I should hesitate no more than I would to cure a fistula in ano under similar conditions, believing, as I do, that these exhausting discharges are much more liable to hasten disease in other organs, by depressing the whole system, and thus giving advantage to the malady. Humphrey, of Cambridge, makes (in Holmes' Surgery, I think,) some very sensible remarks upon this subject, with which I can most heartily agree. He contends that the retention of such a diseased gland cannot be otherwise than exhausting, and that its removal will exert a beneficial influence upon other organs by improving the general system.

(At date of writing, both patients are steadily improving, their general health being now quite good, the discharge constantly lessening in the first, and the enlargement disappearing in the second. De F. W.

MEDICAL SOCIETIES.

THE MEDICAL ASSOCIATION OF CENTRAL NEW YORK.

This Association held its seventh semi-annual session at Rochester, Dec. 15th, Dr. Harvey Jewett, President, in the chair.

A discussion took place on the merits of the law recently passed in New York, regulating the practice of medicine.

Dr. Benedict said he should be glad to have the law executed if it were possible. He said it had not been enforced in Onondaga county, and that there seemed to be insuperable obstacles to encounter. He pronounced it an utter failure. A so-called eclectic society in Onondaga county examined men with whom he (Dr. B.) was personally acquainted, and passed a man who was as great a donkey as he ever saw. The homoeopathic society had tried to act conscientiously, but there were great loop holes in the law through which a coach-and-six could drive.

Dr. Pamphilon said the law should be executed, and was being executed in Genesee county.

Dr. Dunn said that the Central New York Eclectic Medical Association had examined twenty-five candidates, only five of whom were rejected. They gave the names of those who passed, but not the names of the five who were rejected, thus giving notoriety to the former.

Dr. Goff, of Cazenovia, told that he had been called in consultation with a man passed by the eclectic society, who exhibited the grossest ignorance. He pronounced the law a failure, because if a man fails to pass in one society he goes to another. He would like to see the resolution withdrawn.

Dr. Palmer, of Ontario, thought it beneath the dignity of this association to pay any atten-

tion to the law. All attempts at legislation have resulted in damage to the regular profession. We should politely ask the law-makers to let the medical profession alone.

Dr. Mercer also said that the law should be ignored. He called attention to the law of May, 1872, which authorizes the Board of Regents to examine applicants for the degree of M. D., prescribes what studies they shall be examined in, etc., and that as to therapeutics, they should be examined according to the school they intend practicing. With the addition of one or two provisions he thought the latter law would be a good one.

Dr. H. W. Dean read a paper on the use of ergot in the treatment of uterine fibroid tumors. This remedy, injected into the parenchyma of the uterus, had shown decided therapeutic action. Some cases from his practice were cited. The doctor expressed his most implicit confidence in the power of ergot to induce uterine contraction.

Dr. Johnson, of Seneca, reported a case in which a patient recovered fully from the effects of a dislocation of the spine between the seventh and eighth dorsal vertebrae.

Dr. Munson, of Onondaga, read an exhaustive and vigorous paper on cerebro-spinal anæmia and convulsions. He claimed that spinal irritation, and convulsions of all kinds, were caused by anæmia, not by hyperæmia, and that the treatment should consist of remedies which promote a greater rather than a less flow of blood to the affected parts. He cited many cases and authorities to support his view.

Dr. E. B. Stevens, of Onondaga, read a paper on the prevention of small-pox. He claimed that vaccination, if repeated until it takes no more, is a sure and lasting preventive of small-pox; that vaccine virus does not degenerate by passage through any number of human bodies; and that no specific disease, like syphilis, can be propagated by vaccination.

Dr. Van De Warker, of Onondaga, read a paper on the normal movements of the uterus, as recorded by the manometer. The instrument was described, and its tracings in respiration, articulation, coughing, etc., exhibited. The variations in the tracings are endless.

Dr. W. S. Ely reported a case of cancer of the stomach, in which the diagnosis was based on the finding of a tumor supposed to be in the pyloric extremity of that organ. Post-mortem examination showed the correctness of the diagnosis, but the tumor found during life was caused by a distended gall-bladder, containing two large gall-stones. The stomach was of double the normal capacity, and displaced to the left of the spine. Its pyloric end was the seat of hard cancer.

Dr. M. L. Mallory, of Monroe, then read a paper on the support of the perineum during labor, citing one hundred eminent authorities. The preponderating weight of authority was decidedly against perineal support. As for himself, he was at least doubtful of the advisability of this procedure.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Varieties of Phthisis.

Dr. Arthur Wynne Foote, in a lecture reported in the *Irish Hospital Gazette*, says:—

One great clinical group of cases of phthisis is that whose causes seem deeply rooted in a constitutional peculiarity, more often bequeathed than originated, which peculiarity is chiefly manifested in an irritability of the mucous membranes, which predisposes them to catarrhal affections upon slight provocation. This group of cases, which may be called Catarrhal Phthisis, has been identified by more names than one, although the terms are in the main intended to be synonymous; thus, epithelial phthisis, ordinary phthisis, scrofulous phthisis, infiltrated tubercle, the old yellow tubercle, are expressions, clinical and pathological, which are more or less applied to some stage or aspect of the clinical group of cases labeled catarrhal phthisis. Then there are a group of cases called Pneumonic Phthisis, commencing in an acute pneumonia, with lobular or lobar consolidations, never completely resolved, which become chronic, and which after an uncertain and variable lapse of time degenerate, soften, and break up. There are a group of cases called Foreign-body Phthisis, due to the inhalation of irritating dusts (pneumokoniosis, Zenker). There is a clinical form of phthisis, very acute in its course, which may take you by surprise in connection with enteric fever, after parturition, or after a surgical operation even of the simplest kind; great stress has been laid on the individuality of this form under the names of embolic, pyæmic, septicæmic, or blood-poisoning phthisis. It seems to me that this last class of cases might be fairly considered under the head of pneumonic phthisis, because they appear to result from fragments of poisonous thrombi becoming impacted in the capillaries of the pulmonary arteries, and so causing patches of embolic pneumonia, which, from their inevitable issue in suppuration, have come to be known as "metastatic abscesses" in the lungs. As, however, these acute and most fatal cases have some very distinguishing clinical features, there is considerable reason for studying them as a separate group. The more you investigate the whole subject, the more you will, I think, be struck with the force of Addison's proposition, that "inflammation" (in some shape or other) "constitutes the great instrument of destruction in every form of phthisis."

The apex of the lung usually affords the earliest local evidence of a *liability* to the commonest clinical variety of phthisis (the scrofulous or catarrhal form), and is the part usually examined first in a person suspected to be con-

sumptive. This proclivity of the apex seems to be the result of a variety of circumstances, some of which may have been conspiring from birth to render the individual disposed to this disease of the lungs. Malformations of the thorax, whether congenital or the result of bad hygiene in the young, embarrass the pulmonary expansion more in the upper than in the lower parts of the chest; this is observed in the narrow and shallow chests of phthinodes (persons predisposed to phthisis): the facilities for contracting adhesions are much greater about the apices than the bases, because the mobility of the superior portions of the organs is much less than is that of the inferior, which are subject to the action of the restless diaphragm, and of the more movable inferior ribs; pleural adhesions have a firmer grip upon the summits of the lungs than elsewhere, since, tying the parts down like a cap, they both restrict the inspiratory expansion and interfere with the passive action of expiration so far as it is derived from the resiliency of the elastic framework of the air cells: the air cells of the apical regions of the lungs are larger than those of the lower parts, while there is less elastic structure round them, whence the innate expiration power of the apices is less than that of the other parts. You will also bear in mind that should irritation in the apex of the lung excite frequent coughing, the air compressed between the closed glottis and the expiratory forces may be allowed to have a certain tendency to plug the upper parts of the lungs whose tubes join the bronchial system at a different angle from those along which the air is driven towards the larynx and mouth.

Anodynes in Headache.

Dr. Sydney Ringer, the eminent London therapist, remarks in the *British Medical Journal*:—

Many remedies act in a twofold or even threefold way. Thus bromide of potassium is often extremely serviceable in two ways. It is very useful in those cases where the seizure is due to uterine disturbance, as in menorrhagia and dysmenorrhœa. Sometimes the attacks are more severe and frequent, arising from the exhausted state of the nervous system. Perhaps, from overlong town residence, or from mental troubles, the patient becomes irritable, depressed, nervous, excitable, with broken sleep, harassed by dreams. The ensuing general depression increases the headache. Now, bromide of potassium soothes the patient, and by promoting refreshing sleep, strengthens the nervous system, and thus lessens the frequency and severity of the headaches. Bromide of potassium, moreover, is serviceable in the paroxysm itself, for it may produce several hours' sleep, from which the patient awakes free from headache.

The pain of megrim is situated in the fifth nerve; and remembering how closely megrim is allied to neuralgia, and how useful hydrate of croton-chloral is in facial neuralgia, I have been induced to try this remedy for the seizures of megrim, and have found it useful in cases of which the following may be taken as a type.

A woman has been subject for years to nervous sick headache; then, owing to some great trouble, or to excitement, fatigue, or flooding, or prolonged suckling, or most frequently at the change of life, the headache becomes much more severe. The headache is continuous for weeks, perhaps months, but is intensified greatly by fatigue, excitement, or at the catamenial period. If not actually continuous, the headache comes on daily, lasting, perhaps, for many hours, or several attacks may occur each day. The pain is often intense, and whereas, previously to the worst form of headache, the pain was probably limited to one bone, it now affects both, and perhaps the greater part of the head. The skin is generally very tender. There is also a sensation of bewilderment, or, as some term it, a stupid headache, and the patient often says she feels as if she should "go out of her mind." The sight may be dim, especially during the exacerbations of pain. Some patients of this class are very excitable and irritable, and are upset with the slightest noise. Nausea and even severe vomiting may occur with each exacerbation of the pain. Five grains of croton-chloral every three hours, or even oftener, will give, in most cases, considerable relief. I need hardly say, that the drug does not entirely free the patient from her attacks; but, in one or two days, the pain ceases to be continuous, then the attacks recur, but only once or twice a week, the interval gradually extending till an onset occurs only every week, then about every fortnight, or even longer, till the illness assumes its old type and periodicity. In some cases a week's treatment suffices to bring back the headache to its original type of an attack once in three or four weeks. Then the croton-chloral appears to be far less serviceable, manifesting but slight effect on the periodical attacks. In many cases of ordinary periodical headache, the patients say that, in the milder forms, the drug distinctly lessens the severity and duration, but in the severer forms it is without effect, even when sickness is absent. In those cases accompanied by severe vomiting and retching croton-chloral is useless, being speedily rejected.

Croton-chloral, I have found, will relieve the slight attacks experienced by some delicate and nervous women after any slight fatigue or excitement.

Hydrate of Chloral as a Solvent.

Mr. Robert F. Fairthorne writes to the *American Journal of Pharmacy*:—

A solution consisting of nine parts of hydrate of chloral and three of water, I find capable of

dissolving the following substances, to the extent named:—

One grain of morphia is dissolved by a portion of the liquid containing twelve grains of the hydrate, one grain of veratria by a portion containing five grains, and one grain of atropia by a portion containing twenty grains.

These active principles should be in powder, mixed with the solvent in test-tubes, and heated by means of a water-bath, with occasional agitation.

The solutions thus made are in a convenient form for employment, either alone or when mixed with oils, ointment, or with glycerin. Camphor, too, is freely dissolved by them, and in some cases can be added to them with advantage.

Glycerin I find to be a convenient agent for forming solutions with chloral and the above named substances, and the following will be found, when properly combined, to produce permanent and elegant preparations, viz.:—

CHLORAL GLYCERITE OF MORPHIA.

R. Morphia (Powd.),	gr. v	
Chloral hydrate,	ʒj	
Glycerin,	fl.ʒss.	M.

Sec. art.

CHLORAL GLYCERITE OF VERATRIA.

R. Veratria,	gr. v	
Chloral hydrate,	ʒj	
Glycerin,	fl.ʒss.	M.

Sec. art.

OINTMENT OF CHLORAL AND VERATRIA.

(Corresponding in strength to the Ung. Veratriæ, U. S. P.)

R. Veratria,	gr. x	
Chloral hydrate,	ʒj	
Water,	6 drops	
Lard ointment,	ʒss.	M.

Sec. art.

CHLORAL GLYCERITE OF MORPHIA AND CAMPHOR.

R. Morphia,	gr. v	
Chloral,		
Camphor,	ʒss	ʒj
Glycerin,	fl.ʒss.	M.

LOTION OF CHLORAL AND IODINE.

R. Iodine,	gr. xx	
Iodide of potassium,	gr. vi	
Glycerin,	fl.ʒj	
Chloral hydrate,	ʒij.	M.

Sec. art.

Chloral can also be combined with collodion, in which it dissolves after the addition of a few drops of alcohol.

—Dr. Henry G. Piffard, in an article reprinted from the *New York Medical Journal*, recommends the determination of urea by nitric acid, prepared according to a certain formula given.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The Relations of General to Special and Specific Modes of Medication," is the title of an article reprinted from the *Buffalo Medical and Surgical Journal*, being a lecture delivered by Dr. Alfred Mercer, Professor of clinical surgery in the medical department of the University of Syracuse. It has the right ring about it, and for solid common sense, is above any other paper on the topic we have seen in a long time.

—The Transactions of the College of Physicians of Philadelphia, from January, 1873, to February, 1874 (paper, pp. 30), contains a biographical notice of Dr. W. W. Gerhard, and the reports of various cases.

—A catalogue of the specimens in the pathological museum of the Philadelphia Hospital has been prepared by Dr. James Tyson and Dr. R. M. Bertolet. Three hundred and twenty-two specimens are enumerated. From what is said in the preface, very little attention has heretofore been given to pathological studies in the hospital.

—The First Annual Report of the Hospital of the Good Shepherd (Radnor, Pa.) indicates the gradual growth of a worthy institution.

BOOK NOTICES.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen, etc. Vol. I. Acute Infectious Diseases. Edited by Albert H. Buck, M. D., New York. William Wood & Co., 1874. 8vo, pp. 708. Price \$5.

This is the first volume of a work which is expected to extend over fifteen volumes, and embrace the whole field of medical practice, from the most recent points of view. The German editor, Professor Ziemssen, formerly of the well known school of Greifswald, is now professor of clinical medicine at Munich, and the author of numerous contributions to science. His assistants in the present volume are Professors Liebermeister, of Tübingen, Lebert, of Breslau, Heubner, of Leipzig, and Drs. Haenisch, of Greifswald, and Oertel, of Munich. Various translators are employed, including some of the best known writers in American Medical Literature.

Each section commences with a bibliography,

quite complete on German sources, but deficient in English and American ones. The etiology, progress, complications and treatment are then separately and thoroughly discussed. Close attention is given to the pathology. The treatment is in several respects not quite so full as one would like, there being a certain indefiniteness about it which strikes the reader at times.

The translations are accurate and judicious, leaving on this score nothing to be desired. The paper, presswork and manufacture of the book generally are also unexceptionable. An excellent index is added, and the display of the text is calculated to facilitate reference.

In this volume the principal diseases treated of are typhoid, relapsing, yellow and typhus fever, cholera, dysentery and diphtheria. No doubt the reception of the book by the profession will be hearty, and the undertaking is one which merits their patronage.

Studies in the Facial Region. By Harrison Allen, M. D., Professor of Anatomy and Surgery in the Philadelphia Dental College. Illustrated with fifty-six wood cuts. 1 vol, cloth, 8vo, pp. 117. For sale by S. S. White, Philadelphia. Price \$2.

The summary of several years' lectures on dental anatomy and surgery, this volume will be found to contain an unusual amount of instructive reading, for its size. All the branches of oral, buccal and facial surgery are very accurately delineated, and the anatomical relations of the parts explained in succinct and lucid terms. To be more explicit, we may say that the surgical regions treated of are those of expression, of the ear, of the jaws, the nose, mouth, tongue, pharynx, the sphenomaxillary, the supra-hyoid, the parotid, and that of expression. The wood cuts, though largely from other works, are well selected and carefully printed.

A practical character is given to the demonstrations by the citation of a number of illustrative cases, some from the author's own experience, others from published sources.

In the last chapter of the work, the author advances some original propositions relating to the morphology and nomenclature of the teeth. They indicate a closeness of observation which carries with it a guaranty of validity, and odontologists will be well repaid by a study of these views. Most of these lectures, we should add, were originally contributed to the *Dental Cosmos*.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 2, 1875.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

NOTICE. 1875.

EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

A new subscriber will receive the REPORTER from now till the close of 1875 for \$5.00.

We offer subscribers and others a *specimen copy* of the HALF-YEARLY COMPENDIUM for July, 1874, 321 pages, at the low rate of 50 cents.

Any physician who will send us four new subscriptions, will receive a copy of the REPORTER free for one year.

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D. G. BRINTON, M.D.,

115 South Seventh Street,

PHILADELPHIA, PA.

THE CAUSE AND SPREAD OF SCARLATINA.

Some years ago (in 1871) Dr. ALFRED CARPENTER, of London, published a paper in the *Lancet*, in which he brought out some new ideas regarding the causation of scarlet fever. He maintains that this disease may, and often does, arise *de novo*, and results from decomposition of the blood of healthy or diseased vertebrate animals, under the influence of certain unknown conditions. He thinks that the poison is probably more virulent when produced from diseased materials, and that some of the granules contained in blood undergo a corpuscular degeneration, and are the exciting agents in the production of the fever by altering the character of the zymosis which is said to be always proceeding within the body. He brings forward a number of facts in support of his theory. Cases are given where scarlet fever broke out and proved fatal in new houses, which had been built on land previously manured with blood from slaughter-houses. He holds that the disease is independent of the sanitary state of the district, as it prevails to a great extent where good drainage and other measures have driven typhoid away.

These views have, perhaps, not received the attention they merit. They have recently been repeated by their author in the English journal, *Public Health*, and commented upon in the same periodical by Dr. WILLIAM PROCTER.

In spite of what at times has been urged by those who do not believe in the epidemic character of scarlet fever, for our part, we consider it a fact of the most undoubted and weighty character. Frequent observation leads us fully to endorse the opinion of Dr. PROCTER, that not only is the disease infectious in the full sense of the term, but also that the malignity of the infection is something appalling. It spreads with fatal severity, and adheres with great tenacity to that which it touches, so that the walls, furniture and clothes, not only of the patient, but of the persons about him, retain an

infectious property. A proof of direct communication exists in the fact that children who have been inoculated with the serum found in the vesicles which sometimes accompany the eruption have taken the disease.

There are, moreover, circumstances in the progress of scarlet fever which tend greatly to aid diffusion of the poison. In the desquamation of the skin during convalescence, the epithelium becomes broken down into minute portions, so that it constitutes little more than dust, each particle of which is charged with an infectious power. This finely comminuted matter, by reason of its levity, is widely diffused, and gives one cause for the intense activity of propagation which characterizes the disease. But the singularity of scarlet fever is evidenced by the length of time which infected articles of clothing may retain a dangerous character; at the end of twelve or eighteen months, or even longer, such articles have been known to communicate infection, and hence the necessity which exists, that we should do all in our power to prevent the additional evil of diffusion. Dr. G. Johnson considers that the infective power lasts over a month from the first day of the disease. The carriers of the poison are the secretions of the throat and nose, the epidermic scales, and the excretions.

Thorough ventilation and disinfection are the agents we must call to our aid to limit the action of the scarlatinal poison. The clothing, bedding, etc., should be subjected to a dry heat, of at least 220° Fahr., for several hours, or should be soaked in a disinfecting mixture of the following composition:—

R. Hyposulphite of soda,	℥j.
Sulphuric acid,	℥vj.
Water,	gals.vijj. M.

The rooms should be purified by burning sulphur, and the patient thoroughly cleansed before he should be allowed free intercourse with other persons.

It has been observed in England that scarlatina, in its yearly visitations, is subject to regu-

lar exacerbations and remissions. If a diagram is made exhibiting its increase and decrease, a certain regularity of form is noticed.

The scarlatinal wave for a year is nearly always at its lowest point in spring, and at its highest late in autumn, usually in the months of April and November. This may be called the annual wave, and varies but little in its course, whether the disease be epidemic or not; although, of course, the line will rise higher when a large than when a small number of deaths is recorded; but in nearly all cases the lowest and highest points will occur at the times of the year just mentioned. An examination of the deaths in London, Eng., recorded during thirty-two years shows that the *lowest* point in each year was reached on fifteen occasions between the tenth and fifteenth weeks, and in nine others between the fifteenth and twentieth weeks.

The inquiry naturally arises: What are the causes of this periodical increase in the height of the scarlatinal wave? Does it arise from seasonal influences, or other causes at present unknown? The careful comparisons made by Dr. Tripe in 1848, and by Dr. Richardson some years afterwards, show that a temperature below 44.6° Fahr. corresponds with the spread of scarlet fever; whilst a temperature above that point is coincident with an increase in the mortality; also that the greatest mortality in the year occurs when the temperature ranges between 49.6 and 56.9°, but that the increment in the mortality does not occur in the same ratio with the increase in the temperature. This latter conclusion might have been expected, from the comparative regularity with which the disease assumes an epidemic form every four years; whilst there are not any corresponding sequences in any of the atmospheric phenomena.

Such facts indicate a definite connection between its epidemics and some undetermined meteorological conditions, other than mere temperature. These, together with the exciting moments derived from the decay of animal substance, can only be determined by further investigation.

NOTES AND COMMENTS.

Dr. Beale on Fever Germs.

From some recent utterances of this veteran microscopist, we learn his present views on fever germs. What circumstance especially favors the generation of fever poisons in the members of a community? To this Dr. Beale would reply—A chronic state of filth. But while he thus strongly insists upon the origin *de novo* of fever germs in persons living in defiance of sanitary laws, Dr. Beale distinctly recognizes the transference of the poison from one body to another, or, as he expresses it, the possibility of its being "imported." Still, the presence or not of filth will determine the occurrence of the fever after such importation. This is, indeed, the turning point of Dr. Beale's argument; for he declares that while the free growth of imported fever germs is insured by a chronic state of filth, the germs will, on the other hand, die if the body into which they gain entrance be not in a state favorable to their multiplication. The state of health, or, as it may be otherwise expressed, the power of resistance, may be preserved by good water and well-arranged sewers. For, "even though the inhabitants of a town well drained and supplied with good water should be fully exposed to the assaults of hosts of fever germs, in their highest state of morbid activity, they would suffer no injury."

Spiritual Manifestations of the Eddy Brothers.

These brothers, who live near Rutland, Vt., have for a long time excited much public comment. Our friend Dr. Geo. W. Beard, whose exposure of "Brown, the mind reader," we published recently, paid them a visit not long since. He writes:—

"The sum of the matter is that all of the performances of the Eddy family, except the materialization of a variety of forms, are old, exploded tricks. The key point of the deception is the physiological flexibility of the family." With regard to the "materialization phenomena," he says: "They always take place in a light which is almost darkness, and in which nothing but outlines can be discovered. In such a light, practiced contortionists, such as the Eddys, could pass themselves off as dwarfs, or, by the addition of a high head dress and a little stretching, might personate a giant."

Dr. Beard unhesitatingly qualifies the

"spiritual" phenomena observed as pure trickery. The seances are qualified as light, dark, and materialistic. The chief trick in the light seance is the production of music by supposed spiritual hands. An individual is acted on in each instance. "The medium clasps the arm of the individual in both his hands. A shawl hides the hands of both, and the screen divides the two from the table upon which the musical instruments lie within easy reach of the medium. This circle completed, a jangling of guitar strings and tambourine makes a poor apology for heavenly music, and during the interlude a spirit hand is passed gently across the face of the passive party. The individual is convinced that the grasp of the two hands is never once released from his arm, and so concludes that spirits agitate the guitar strings." The success of this trick, Dr. Beard observes, "depends on an interesting, well-known physiological fact, namely, that when the arm is bared and cold hands are clapped on it and pressed hard, the sensation is so benumbed that if the lower hand be removed, the person operated on will not know it."

"The key points of the deception are the physical flexibility of the family and the benumbing of the arm trick in the light seance. All those who deal with the insane and with criminals know that there are persons so flexible and limber that they cannot be kept handcuffed or tied in any way."

Death and the Doctor.

It is stated that the San Francisco *News Letter* publishes the name of the attending physician in its death notices. The German medical journals say the same is done by a newspaper at Agram, in Croatia. What good can result from this? Is it not well known that the most eminent physicians have the largest percentage of deaths in their practice, simply because they are called to the most desperate cases? But the public might receive a very erroneous impression.

The State Hospital for Women and Infants.

This beneficent institution, located at 1718 Filbert street, Philadelphia, is for the care of destitute women, married or single, during childbirth, and while suffering from diseases peculiar to their sex, and for the nurture and maintenance of the children born of them. It depends entirely upon private charity for sup-

port, and no more worthy object of charity exists in this community. From the annual report before us, it appears seventy-one children were born in the institution. Those who would aid in this good work can address Dr. J. W. White, 2012 Green street, President of the Board of Governors.

The Last Word About Alcohol.

In Dr. PAVY's recent and excellent book on *Dietetics*, he sums up the question of the physiological use of alcohol in the following words:—

"From a review of the evidence as it at present stands, it may reasonably be inferred that there is sufficient before us to justify the conclusion that the main portion of the alcohol ingested becomes destroyed within the system, and, if this be the case, it may be fairly assumed that the destruction is attended with oxidation and a corresponding liberation of force, unless, indeed, it should undergo metamorphosis into a principle to be temporarily retained, but nevertheless ultimately applied to force-production."

Is Circumcision a Hygienic Rite?

It has been generally supposed that circumcision, whatever symbolical meaning it had, (and it has been carried on by many nations besides the Jews), is a useful hygienic measure. The Vienna medical journals, however, for November, contain some articles calculated to cast doubt on this opinion. Drs. Levit and Kohn both write against it. The latter is himself of the Jewish persuasion, and lost his child in consequence of circumcision. He says that during a practice of thirty-five years he has known of six cases of death arising from this cause. Among the reasons for opposition, Dr. Levit mentions the premature beginning of sexual excitement in boys deprived of prepuce, and the disposition to onanism so common among Eastern people; also the ready exposure to syphilitic infection, independently of the similar danger, soon after birth, from the mouth of the operator, which is employed in stopping hemorrhage. He distinctly regards circumcision as a criminal manipulation, and calls upon the medical profession to oppose the practice.

The Chloral Habit.

From various quarters in this country, England and France, notices come of the growing consumption of chloral for "nervousness," "bad dreams," etc. Nothing but the worst effects, especially mental ones, can be expected from the prolonged anæmia of the brain caused by the continued use of chloral. Physicians should be awake to the danger.

CORRESPONDENCE.

Letter From Vienna.

VIENNA, November 15th, 1874.

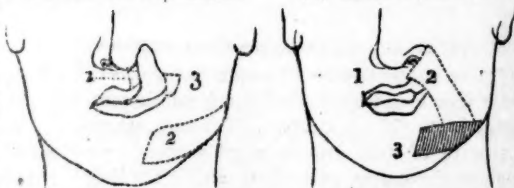
ED. MED. AND SURG. REPORTER:—

According to promise, I send you an account of a few cases from the several clinics at the K. K. General Hospital, in this city.

Prof. Billroth has already performed some very interesting operations, one of which, a plastic, to restore a defect in the mouth, is particularly worthy of note, on account of the ingenious method employed. The patient, a girl, æt. seventeen, had *noma* of the cheek after variola, and the process had destroyed a portion of the angle of the mouth with the ala of the nose, and a portion of the cheek on the left side, leaving a triangular defect through which the teeth, etc., could be seen. The first object was to complete the circle of the mouth, and then cover the defect in the cheek. As the process of patchwork was rather intricate, it can best be explained by a diagram I have enclosed.

(a.) BEFORE OPERATION.

(b.) AFTER OPERATION.



1. Small flap moved down from upper lip to complete circle of the mouth, with No. 3.
2. Flap taken from lower jaw and moved up to cover the original defect as well as to replace tissue taken from upper lip to make Flap 1 and No. 3.
3. The ala of the nose to be left to granulate.

Another operation was for the removal of a carcinoma of the tongue (of eight and a half months' duration), involving the floor of the mouth and the under surface of the tongue. Within the last three weeks its growth had been rapid and painful. It was removed by making an incision over the lower border of the inferior maxilla, extending about an inch and three-quarters on either side of the symphysis. The periosteum was then loosened and the semi-circular flap turned down from the chin, and the tongue was dragged out through the opening. After the lingual arteries had been secured, the growth was removed by careful dis-

section. The first incision necessitated shaving the tongue thin and pointed, so the tip was turned under, and two sutures held the raw surfaces in apposition, and gave the tongue a more natural shape. The flap from the chin was then replaced, and the wound left open, for obvious surgical reasons.

The patient was fed with a stomach tube, and the healing process progressed favorably until the third day, when the pharynx became inflamed, its surface and that of the granulating wound being studded here and there with patches of diphtheritic exudation. Tincture of iodine was then applied to the inflamed surface, and the spots of exudation touched with a solution of acetate of alumina (prepared extemporaneously by combining acetate of lead with ordinary clay, the chemically pure acetate of alumina, besides being expensive, is not always at hand). Unfortunately the tip of the tongue, which had been turned under, sloughed, but the diphtheritis and accompanying inflammation soon disappeared. A week after the operation, the edges of the flap from the chin were pared and the wound closed, and at last accounts the wound was progressing favorably.

Prof. Billroth performed extirpation of the larynx for the second time, in a case of epithelioma, in which the epiglottis, false and true cords, were involved, and the patient was suffering from great dyspnoea, there being but a small space left for the passage of air. As the glands had not become affected the case was considered favorable for operation. An incision was made in the median line, from the upper portion of the larynx to the sternum. Upon dissection the isthmus of the thyroid gland was found enlarged, and after stout ligatures had been placed on either side, it was severed and the larynx and trachea exposed. The former was isolated from the surrounding tissues by means of a retractor, and was severed from the trachea below the cricoid cartilage, the large vessels being ligated, and dissected from the oesophagus, from below upward and leaving no trace of the disease. Before completely severing the trachea from the larynx, he united the former to the skin on either side, so as to keep it from slipping into the thorax. The tube was then placed in the trachea, and the operation was attended by very slight hemorrhage.

The patient did moderately well, with the exception of a slight bronchitis and some annoyance caused by secretions from the wound getting into the trachea at the opening not fully closed with the tube. To prevent this the wound was packed with lint, which was changed every four hours. On the night of the 5th day after the operation the patient was suddenly attacked with dyspnoea, and died of acute pneumonia.

Prof. Hebra has a large class, and in the two hours that he spends in the hospital every morning, shows many interesting cases, one of which served to illustrate how carcinoma may complicate "old lupus." The patient was a man, æt. 50, who, for the last forty years had

been suffering from *lupus vulgaris* of the left leg and foot. From time to time it had ulcerated and cicatrized, but about two years ago an ulcer appeared in the middle and inner plantar surface of the foot, and the sore gradually increased up to date. Patient anæmic, and of the usual cachectic appearance attendant upon all such diseases, and suffers more or less pain continually. The left foot is swollen and indurated, and has a conical shape, presenting all the appearances of *elephantiasis arabicum*. The dorsal surface is studded with the characteristic lupus nodules, of a dull red color, and situated deep in the corium, but not extending much above the ankle. A large ulcer, about two and a half inches in diameter, is filled with flabby yellow fungoid granulations, which sprout two or three lines above its indurated border. In short, it presented all the marked appearances of a carcinoma in the ulcerative stage. Vienna paste (equal parts of quicklime and caustic potash mixed in alcohol) was applied to the granulating surface of the ulcer for fifteen minutes, and then the foot was placed in a water bath until the slough suppurated.

Whilst on the subject, I will mention, in passing, another case (which I saw in the wards of Prof. Jaeger). It was *elephantiasis* of the skin of the anterior portion of the head, which hung in large lobulated masses all over the forehead (now a mass of cicatricial tissue). The dependent upper eyelids, almost reaching to the mouth, hung as huge masses of flesh over each eye. The patient had been operated upon by Prof. Billroth, and the lobulated masses removed from the forehead in seventeen different operations, and the left upper lid was almost restored to its natural size. Of course, the operations had obliterated the levator muscle, but when going out, the patient had the knack of fixing his tight-fitting hat over the left eye, and this drew up and held the lid in position.

As a local application for lupus, Prof. Hebra uses one drachm caustic potash to three drachms of water, applied over a small portion of the diseased surface, so as to remove the epidermis, and then to the exposed nodules he applies a saturated solution of nitrate of silver.

For scabies, which is by no means a rare disease in this country, he uses the following ointment (known here as "smear salve"). With this the surface of the body is to be, not rubbed, but thoroughly scrubbed.

R. Sulphur lact.
Saponis virid.
Olei. fagi (better) ol. rusci.
Adipis suill, aa pars. eq. M.
Et ft. ungt.

This is to be left on for a short time, and then the patient must be well cleansed in a bath, and one such application is generally sufficient to destroy the canals of the "acarus scabei."

Prof. Sigmund recommends the following recipe for syphilitic papules and ulcers around the mouth and genital organs.

R. Corrosive sublimate, gr. j
Alcohol,
Ether, aa fl3ss.

To be applied with a brush, night and morning. This, with the constitutional treatment, has been found very successful.

For venereal sores he uses the so-called "blue bath," or solution of sulphate of copper, in which the parts are to be bathed from five to ten minutes, three times a day.

Teaspoonful of a saturated solution, to a champagne glass full of water. He is particular about the glass, which he says can always be found by his patients.

For epididymitis, the scrotum is frequently painted with tincture of iodine, which, besides acting topically, acts mechanically, by thickening the skin, and so exerts pressure and furnishes a better support.

For pernio, or chilblains, Prof. Hebra recommends the following ointment to be spread on strips of linen, and wrapped around the parts at night.

R. Cerat. simp.
Olei. olivæ, aa fl3j
Glycerinæ, fl3ij
Camphoræ tinct. fl3j. M.

Et ft. ungt.

Although so far from our native land, her good old customs are not forgotten. The Americans at the medical department of the University, some thirty in number, intend celebrating Thanksgiving day by a Reunion, and the usual dinner of turkey and plum pudding. Very truly yours,
CHAS. S. TURNBULL, M. D.

NEWS AND MISCELLANY.

Philadelphia County Medical Society.

Dr. D. Hayes Agnew will deliver the annual address, as retiring President, at the Hall of the College of Physicians, Wednesday, Jan. 6th, 1875, at 8 o'clock, P.M. The Medical Profession in Philadelphia are cordially invited to be present.

Personal.

—Eugene H. Abadie, Surgeon of the U. S. Army, died at St. Louis last week. He had been in active service nearly forty years.

Items.

—Trichinosis is reported at Salzburg, Mich.

—The Eye and Ear Clinic of the Howard Hospital, 1518 and 1520 Lombard street, will be held hereafter, daily, at 11 o'clock, A. M.

—The Cincinnati *Commercial* says: A young lady of that city passed a year at a German University, studying medicine in the disguise of a male, and successfully evaded detection.

—It is rumored that Governor elect Tilden has tendered the office of Surgeon General of New York, to Prof. Austin Flint, Jr., M. D., of Bellevue Hospital Medical College.

QUERIES AND REPLIES.

Dr. A. J. C.—We have two or three copies of the *Medical and Surgical History of the War* on sale, at \$25.00 each, 2 large 4to vols.

OBITUARY.

DR. JAMES VAN ZANDT BLANEY.

Dr. James Van Zandt Blaney, Professor of Analytical Chemistry in Rush Medical College, died at his residence, in Chicago, on Friday morning. Dr. Blaney was born at Newcastle, Delaware, May 1st, 1820. His death resulted from an organic disease of the liver, which had troubled him for the past two years, not assuming an aggravated form, however, until about six months ago. He graduated at Princeton, and received his medical education at the University of Pennsylvania. He was a pupil of Prof. Henry at the Smithsonian Institute, ably assisting that gentleman in his chemical laboratory. He removed to Chicago thirty years ago. In connection with Prof. Brainard, he founded the Rush Medical College, and upon the death of President Brainard, in 1866, succeeded him, filling the position until compelled by ill health to resign, some three or four years ago. He also founded the *Chicago Medical Journal*, and ably edited it for some time. He was looked upon as the most distinguished chemist in the Northwest, and he was also a skillful physician. He was at one time Professor of Chemistry in the Northwestern University, and was also Medical Director in connection with several departments of the Union army in Virginia. He occupied this position on the staff of Gen. Sheridan at the battle of Winchester, and took charge of the wounded in the hospitals. Dr. Blaney was married July 8th, 1847, to Miss Clarissa Butler, niece of Benjamin F. Butler, of New York, who was Secretary of War during Van Buren's administration.

MARRIAGES.

JACOBY—COOPER.—In this city, on Tuesday evening, December 8th, at the residence of the bride's father, by the Rev. H. H. Weld, D.D., Dr. Wylie Jacoby and May, second daughter of W. Morris Cooper, of Moorestown, N. J.

KELLOGG—OSTROM.—On Thursday, Dec. 10th, at the residence of the bride's parents, by Rev. Isaac L. Kip, Charles M. Kellogg, M.D., of Fordham, N. Y., and Miss Lizzie, daughter of Alfred Ostrom, Esq., of Stockport, Columbia county, N. Y.

LOGAN—WAMPLER.—On Wednesday, 2d ult., at the home of the bride, in Oxford, O., by Rev. J. M. Wampler, James M. Logan, M.D., of Fairhaven, O., and Miss Sarah Belle, daughter of the officiating clergyman.

DEATHS.

GREGORY.—At Mount Vernon, N. Y., on Sunday, November 22d, 1874, Josephine A., youngest daughter of Dr. J. S. and Josephine A. Gregory, aged seven years.

LANGDON.—On Monday morning, at 5 o'clock, Clara, daughter of Dr. A. H. Langdon, aged 5 years and 8 months.

LANDSDOWNE.—At Greenville, O., November 30th, Florence L., daughter of Dr. Z. M. and the late Mary G. Landsdowne.

MILLIGAN.—At Newport, Perry county, Pa., on November 28th, James Milligan, M.D., of Carlisle, Pa., in the twenty-seventh year of his age.

PRICE.—In this city, on the morning of the 8th ult., Burroughs Price, M. D.